

MISSOURI BUSINESS EDUCATION ASSOCIATION
APPLICATION FOR MBEA SECRETARY

Name _____ Home Phone _____

Home Address _____ City _____ County _____ Zip _____

School Address _____

School Phone _____ School Fax _____

Email Address _____

Level of Instruction (secondary, university, etc.) _____

1. What is your current position in the organization (district and/or state)?

2. Do you realize that in seeking this position you are making a two-year commitment to the MBEA board?

3. Do you have your employer's consent to seek this MBEA office? This will include professional leave to fulfill MBEA/Missouri ACTE responsibilities.

Employer's Signature _____ Date _____

4. What positions have you held in MBEA?

5. To what professional organizations do you belong?

Attach a copy of your resume. Mail by January 15 to Janet Ludwig, 420 Donna Drive, Jackson, MO 63755.

Date application submitted to Nominations Committee: _____